

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 272

## 1. PLACE OF DEATH:

County Pallat  
 City or town Easton, Md. R.D. No. 4  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Twenty five years  
 Hospital, institution, or street address where death occurred: no  
 How long in hospital or institution? no

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Md. County Pallat  
 City or town Easton, Md. R.D. No. 4  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. no  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war no

## 3. (a) FULL NAME

Samuel Brice Sr  
 4. Sex male 5. Color or race a.g. 6.(a) Single, married, widowed, or divorced married

6.(b) Name of husband or wife Lattie Brice  
 7. Birth date of deceased (mo., day, yr.) Oct 15 1886 6.(c) If alive, give age yes years

8. AGE: Years about 61 Months 0 Days 25 If less than one day hrs. min.

9. Birthplace Easton, Md.  
 (Town, county, and state)

10. Usual occupation farmer

11. Industry or business same as above

12. Name James Brice

13. Birthplace Easton, Md.

14. Maiden name Rachael Webb

15. Birthplace Caroline Co Md

16. Informant Lattie Brice  
 Address Easton, Md. R.D.

17. Burial Date thereof Nov. 13 1947  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Greytown

Location near Easton, Md.

18. Funeral director James H. Stewart  
 Address Salesbury Md

19. Nov 13 1947 Joseph A. Rao Registrar  
 (Date rec'd by registrar)

## 3. (b) Social Security Number

no

## MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 9 1947, at 10 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 6 1947, to Nov. 10 1947

and that I last saw him alive on Nov. 8 1947

Immediate cause of death: Acute Pericarditis DURATION 8 mo.

Myocarditis

Due to chronic exposure

to weather

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Howard T. Maff M.D. or other  
 Address Easton, Md. Date signed Nov 10 47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

admitted 10-31-47

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10359

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County... Talbot  
City or town... Easton  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death... 23 days  
Hospital, institution, or street address where death occurred:  
Memorial Hospital  
How long in hospital or institution? 23 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Talbot  
City or town... Easton Md  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 17 Bay Street  
(If rural, give LOCATION)  
2(a) If veteran, name war...

## 3. (a) FULL NAME

Mr. Percy Burruss

## 3. (b) Social Security Number

4. Sex Male 5. Color or race W 6. (a) Single, married, widowed, or divorced M

6. (b) Name of husband or wife Mrs. Tillie Burruss

7. Birth date of deceased (mo., day, yr.) January 16, 1865

8. AGE: 82 Years Months Days 36 (c) It alive, give age 1 years

9. Birthplace Talbot County

10. Usual occupation Retired

## 11. Industry or business

12. Name Mr. Dorsey Burruss

13. Birthplace Unknown

14. Maiden name Mary Mitchell

15. Birthplace Dorchester County

16. Informant daughter

Address

17. Burial (Burial, cremation, or removal, Which?) Date thereof 11/24/47

Cemetery or crematory Spring Hill

Location Easton Md

18. Funeral director

Address

19. 11/23 47

N. H. Meers Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 11-22 19-47 at 5:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1-1 19-46 to 11-22 19-47

and that I last saw him alive on 11-22 19-47

Immediate cause of death

Coronary thrombosis

Due to

Generalized arteriosclerosis

Due to

Other conditions Arterio-sclerotic stenosis

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. F. Buell M. D. or other

Address Easton Md Date signed 11-23-47

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DEC 5 1947

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH  
2411 N. Charles St., Baltimore 166  
CERTIFICATE OF DEATH

10360

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County Talbot  
City or town Crofton  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?  
Hospital, institution, or street address where death occurred:  
Memorial Hospital  
How long in hospital or institution? 13 hours

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Dorchester  
City or town Federalburg - Rural  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. Near Gro  
(If rural, give LOCATION)  
2.(a) If veteran, name war V

## 3. (a) FULL NAME

J. Raymond Butler

## 3. (b) Social Security Number

213-22-7616

4. Sex

Male

5. Color or race

Colored

6. (d) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

June 16, 1927

8. AGE:

Years

Months

Days

If less than one day

20423

hrs.

min.

9. Birthplace

Dorchester County, Maryland  
(Town, county, and state)

10. Usual occupation

Day laborer

11. Industry or business

Farm

FATHER

12. Name

John Butler

13. Birthplace

Virginia

MOTHER

14. Maiden name

Lola Adams

15. Birthplace

Dorchester County, Maryland

16. Informant

John Butler

Address

Federalburg, Maryland, R.F.D.17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

November 12, 1947  
(month) (day) (year)

Cemetery or crematory

Washington Cemetery

Location

Near Harbor, Maryland

18. Funeral director

J. J. Frampton and Son

Address

Federalburg, Maryland19. 11/10

(Date rec'd by registrar)

47N. D. Neer

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 9 19 47, at 12:40 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19

to

19

and that I last saw him alive on 19

Immediate cause of death

Hemorrhage -

DURATION

Several hrs.

Due to

Sign that around 6

Due to

abdomen, puncturing  
liver, large & small intestine

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Homicide Date of 11/8/47Where did injury occur? Federalburg, Caroline Md  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury noInjured at work? no

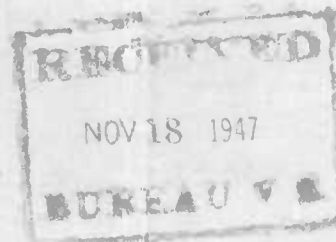
23. SIGNATURE

Danson O. George  
County Medical Examiner  
Denton Md

M. D. or other

Address

Date signed 11/18/47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

admitted 11/13

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

10361

Reg. Dist. No. 290

1. PLACE OF DEATH: Taibet Co.  
 County.....  
 City or town.....  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 17 hrs.  
 Hospital, institution, or street address where death occurred:  
Memorial Hospital  
 How long in hospital or institution? 17 hrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State Maryland County Taibet  
 City or town.....  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.....  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

## 3. (a) FULL NAME

Wilkie Butler

## 3. (b) Social Security Number

4. Sex M 5. Color or race C 6.(a) Single, married, widowed, or divorced S

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) Jan 13, 1945 B.(c) If alive, give age..... years

8. AGE: Years 24 1/2 Months..... Days..... If less than one day..... hrs. .... min.

9. Birthplace Easton, Md  
 (Town, county, and state)

10. Usual occupation.....

## 11. Industry or business

12. Name George Jenkins  
 13. Birthplace Trappe Md

14. Maiden name Healy Butler  
 15. Birthplace Exford, Md

16. Informant Memorial Hospital  
 Address Easton Md

17. Burial Date thereof 11/15/47  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Trappe  
 Location Trappe Md

18. Funeral director Leon B. Hennessey  
 Address 310 South St Easton Md

19. 11/14 47 N.L. Neuman  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 13 1947 at 10 25 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11/13/1947 to 11/13/1947  
 and that I last saw him alive on 11/13/1947

Immediate cause of death Pneumonia, lobar, left, 1 day DURATION.....

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Manner of injury Injured at work?

23. SIGNATURE J. E. Cox M.D. M. D. or otherAddress Easton Md Date signed.....

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NOV 21 1947  
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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

170C

10362

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County Talbot Co.  
 City or town Easton Md  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? one half hour  
 Hospital, institution, or street address where death occurred:  
Memorial Hospital  
 How long in hospital or institution? one half hour

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County QUEEN ANNE  
 City or town QUEENSTOWN  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Mrs Evelyn Cook

## 3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married  
 6.(b) Name of husband or wife BENT R. COOK  
 7. Birth date of deceased (mo., day, yr.) OCT. 28, 1904 6.(c) If alive, give age 52 years  
 8. AGE: Years 43 Months 0 Days 6 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace BELLING  
 (Town, county, and state)  
 10. Usual occupation NURSE  
 11. Industry or business \_\_\_\_\_

FATHER 12. Name EDWARD T. WILLIAMS  
 13. Birthplace CAROLINE Co.  
 MOTHER 14. Maiden name REBECCA ANNE LLEWELLYN  
 15. Birthplace QUEEN ANNE Co.

16. Informant JOHN D. WILLIAMS  
 Address EASTON, MD.

17. (Burial, cremation, or removal. Which?) Burial Date thereof 11/6/47  
 (month) (day) (year)  
 Cemetery or crematory Spring Hill  
 Location Easton

18. Funeral director John Williams  
 Address Easton Md

19. H/V 19. 47 N.H. Norris  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 11-3-47 19\_\_\_\_ at 6:15 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
 and that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_

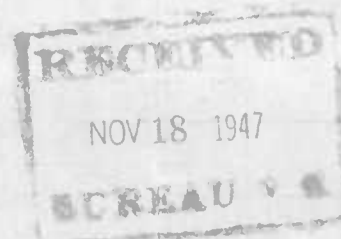
Immediate cause of death: Surgical shock  
 Due to Pilot. fract. femora  
Internal injuries  
 Due to auto accident  
 Other conditions ? fract. skull  
 (Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide accident Date of 11-3-47  
 Where did injury occur? in Easton Talbot Md  
 (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?) public hi-way  
 Means of injury auto accident Injured at work?

23. SIGNATURE Louis S. Hottel, MD. D.M.E.  
 M. D. or other \_\_\_\_\_  
 Address Easton Md Date signed 11-4-47



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. **290**

### 1. PLACE OF DEATH:

County Talbot  
City or town Easton, Md.  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 2 1/2 yrs.  
Hospital, institution, or street address where death occurred:  
Stewart Convalescent Home  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Md. County Talbot  
City or town Easton, Md.  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. \_\_\_\_\_  
(If rural, give LOCATION)  
2.(a) if veteran, name war \_\_\_\_\_

### 3. (a) FULL NAME

Ella Fishburn

### 3. (b) Social Security Number

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Female White Single

6.(b) Name of husband or wife \_\_\_\_\_ 6.(c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) Dec. 28 - 1863

8. AGE: Years Months Days If less than one day  
83 10 16 \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Canada  
(Town, county, and state)

10. Usual occupation Retired Hotel Proprietor

### 11. Industry or business

12. Name Jeremiah Fishburn

13. Birthplace Greensburg, Pa.

14. Maiden name Susan Messersmith

15. Birthplace unknown

16. Informant Rosa Fishburn

Address Wayne, Pa.

17. Burial Date thereof Nov. 17, 1947  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Spring Hill Cemetery

Location Easton, Md.

18. Funeral director John D. Williams

Address Easton, Md.

19. 11/15 47 N.H. Pearson  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 13th 1947 at 3:23 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 41 to Nov. 13 1947

and that I last saw her alive on Nov. 7 1947

Immediate cause of death Myocardial failure

Due to Arteriosclerosis

Due to \_\_\_\_\_

Other conditions Multiple cerebral hemorrhages

(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE R. L. Lederer M.D.

Address Chesapeake and Md. Date signed 11/15/47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

NOV 21 1947

BUREAU 2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct sex is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

92d

10364

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County Talbot CountyCity or town Easton  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Lusia Ada Gannon

## 3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

James Elbert

7. Birth date of deceased (mo., day, yr.)

June 27 1887

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

6057

hrs.

min.

9. Birthplace

Tunn Mills, Talbot Co.  
(Town, county, and state)

10. Usual occupation

Housewife & Practical nurse

11. Industry or business

FATHER

12. Name

James Percy Hugay

13. Birthplace

Osage

MOTHER

14. Maiden name

Clara Tomax

15. Birthplace

Mathewstown, Talbot Co.

16. Informant

Harvey Gannon

Address

Royal Oak

17.

(Burial, cremation, or removal. Which?)

Date thereof

Dec. 2, 1947

(month) (day) (year)

Cemetery or crematory

Spring Hill Cemetery

Location

Easton

18. Funeral director

Earl W. Stafford

Address

Easton, Maryland

19.

(Date rec'd by registrar)

19

47N. H. Reeves

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State

Md.

County

Talbot

City or town

Easton

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Nov. 30th

19

47

at

12:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

December 1940to Nov. 1947

and that I last saw him alive on

Nov. 29th

19

Immediate cause of death

EssentialHypertension

Due to

Arterioscleroticcardiac disease

Due to

Arterioscleroticcardiac disease

Other conditions

(Include pregnancy within 9 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

William L. Seymour

M. D. or other

Address

Easton Md.Date signed 12-1-47

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reborn

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DURATION

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(0121)

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other

(awot 3)

## DURATION



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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

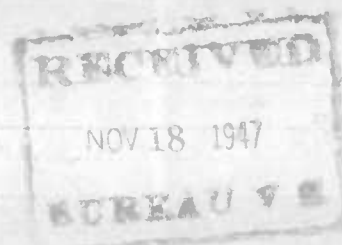
2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 1036540

<b>1. PLACE OF DEATH</b> County <u>Talbot Co.</u> City or town <u>Easton, Md.</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>4 hrs. 34 minutes</u> Hospital, institution, or street address where death occurred: <u>Memorial Hospital</u> How long in hospital or institution? <u>4 hrs. 34 minutes</u>				<b>2. USUAL RESIDENCE (HOME) OF DECEASED:</b> (For newborn infants give residence of mother) State <u>Md.</u> County <u>Talbot</u> City or town <u>Easton</u> (If outside city or town limits, write RURAL and give nearest town) Street No. <u>Locust St.</u> (If rural, give LOCATION) 2.(a) If veteran, name war			
<b>3. (a) FULL NAME</b> <u>Thomas Gibson</u>				<b>3. (b) Social Security Number</b>			
<b>4. Sex</b> <u>Male</u>		<b>5. Color or race</b> <u>Black</u>		<b>6. (a) Single, married, widowed, or divorced</b> <u>Single</u>			
<b>6. (b) Name of husband or wife</b>							
<b>7. Birth date of deceased (mo., day, yr.)</b> <u>August 13, 1946</u>							
<b>8. AGE:</b> Years <u>1</u> Months <u>14 mo</u> Days <u>29</u> If less than one day _____ hrs. _____ min.							
<b>9. Birthplace</b> <u>Easton, Md.</u> (Town, county, and state)							
<b>10. Usual occupation</b>							
<b>11. Industry or business</b>							
FATHER	<b>12. Name</b> <u>Charles A. Gibson</u>						
	<b>13. Birthplace</b> <u>Trappe, Md.</u>						
MOTHER	<b>14. Maiden name</b> <u>Bulah Wharton</u>						
	<b>15. Birthplace</b> <u>Pocomoke City, Md.</u>						
<b>16. Informant</b> <u>Memorial Hospital records</u> Address <u>Easton, Md.</u>							
<b>17. (Burial, cremation, or removal. Which?)</b> <u>Burial</u> Date thereof <u>11/15/47</u> (month) (day) (year) Cemetery or crematory <u>Trappe</u> Location <u>Trappe, Md.</u>							
<b>18. Funeral director</b> <u>Leon W. Henry</u> Address <u>310 South St. Easton, Md.</u>							
<b>19. (Date rec'd by registrar)</b> <u>11/14</u> <u>47</u> Registrar <u>N.H. Neeris</u>							
<b>MEDICAL CERTIFICATION</b>							
<b>20. DATE OF DEATH</b> <u>November 12</u> 19 <u>47</u> <u>3:34 P</u> M							
<b>21. I CERTIFY that death occurred on the date above stated; that I attended deceased from</b> <u>November 10</u> 19 <u>47</u> , to <u>November 12</u> 19 <u>47</u> and that I last saw him alive on <u>November 12</u> 19 <u>47</u>							
<b>Immediate cause of death</b> <u>Bronchopneumonia</u>							
<b>Other conditions</b> <u>Angina pectoris</u> <u>157a</u> <u>83a</u> <u>Emphysema</u> (Include pregnancy within 3 months of death)							
<b>Major findings of operations</b>							
<b>Autopsy results</b>							
<b>PHYSICIAN: Please underline the cause to which death should be charged statistically.</b>							
<b>22. VIOLENCE: If death was due to external causes, fill in the following:</b>							
Accident, suicide, or homicide _____ Date of _____							
Where did injury occur? _____ (City or town) _____ (County) _____ (State)							
Injured at home, farm, industry, public place (where?) _____							
Means of injury _____ Injured at work? _____							
<b>23. SIGNATURE</b> <u>Quentin J. Bullard</u> M. D. or other _____ <u>Edna</u> _____ Date signed <u>11-13-47</u>							







PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

10365

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County Talbot  
 City or town Easton, Md  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred

Easton Memorial Hospital  
 How long in hospital institution 9 days

## 3. (a) FULL NAME

Mr. Milton W. Gandy

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed or divorced

Single married

B. (b) Name of husband or wife

Mrs. Beulah Gandy

7. Birth date of

deceased (mo., day, yr.) August 14, 1870

B. (c) If alive, give age

72 years

8. AGE:

Years 77 Month 3 Days 5 If less than one day

9. Birthplace

Dorchester County  
 (Town, county, and state)

10. Usual occupation

Retired

11. Industry or business

Contractor & Builder

FATHER

12. Name James M. Gandy

13. Birthplace Unknown

14. Maiden name Rebecca Wheatley

15. Birthplace Unknown

16. Informant Mildred Gandy Elderkin  
 (daughter) Federalburg Md

17. Burial (Burial, cremation, or removal of body) 11/21/47  
 (month) (day) (year)

Cemetery or crematory Still Crest

Location Federalburg Md

18. Funeral director J. J. Thompson & Son

Address Federalburg, Maryland

19. 11/20 19 47 N. A. Neerue  
 (Date rec'd by registrar) Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Caroline

City or town Federalburg Md  
 (If outside city or town limits, write RURAL and give nearest town)

Street No.   
 (If rural, give LOCATION)

2. (a) If veteran, name War

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 17 19 47 21 5 30 0 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov 12 19 47 to Nov 19 19 47

and that I last saw him alive on Nov 18 19 47

Immediate cause of death Embolic

pulmonary

Due to carcinoma of

the prostate

Due to with extensive

metastases Throat

Other conditions pelvis

(Include pregnancy within 8 months of death)

Major findings of operations 0

Date of op.

Autopsy results 0

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

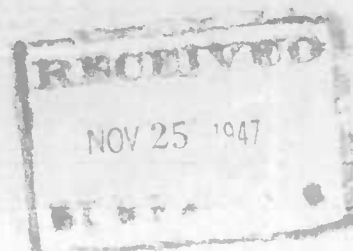
Means of Injury Injured at work?

23. SIGNATURE Dr. Schneider, M.D.

M. D. or other

Address Easton, Md

Date signed Nov 19 47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

10367

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County... Talbot  
 City or town... Easton Md.  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 10 1/2 hrs.  
 Hospital, institution, or street address where death occurred:  
Memorial Hospital  
 How long in hospital or institution? 10 1/2 hrs.

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Md County... Talbot  
 City or town... Easton Md  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 118 S. Aurora St  
 (If rural, give LOCATION)

2(a) If veteran, name war

## 3. (a) FULL NAME

Mr Fred Greenwood

## 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single  
 6. (b) Name of husband or wife... Mrs George Greenwood  
 6. (c) If alive, give age... years  
 7. Birth date of deceased (mo., day, yr.) Nov 12, 1911

8. AGE: Years 36 Months 9 Days 13 If less than one day  
 ....hrs. ....min.

9. Birthplace... Talbot Md  
 (Town, county, and state)

10. Usual occupation... State Road Laborer

## 11. Industry or business

12. Name... Mr George W Greenwood  
 13. Birthplace... Talbot County  
 14. Maiden name... George Reynolds  
 15. Birthplace... Talbot County

16. Informant... Wife  
 Address 118 S. Aurora St Easton Md

17. (Burial, cremation, or removal) Which? Buried Date thereof... Dec 2 1947  
 (month) (day) (year)

Cemetery or crematorium... Spring Hill  
 Location... Easton Md

18. Funeral director... Maunice E. Newman & Son  
 Address Easton Md

19. (Date rec'd by registrar) 12/1 47 N. H. Merriam Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH... 11-29-47 19... at 10 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 19... 47, to 11/29 19... 47  
 and that I last saw him alive on 11/2 47 19... 47

Immediate cause of death... Cirrhosis of liver

## DURATION

3 months

Due to... Chronic alcoholism

Due to...

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of

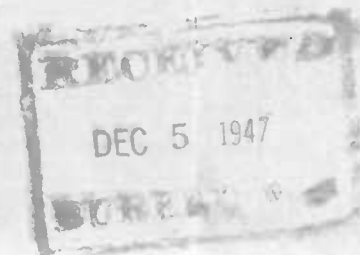
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... P. J. Cox M. D. or other

Address... Easton Md Date signed... Dec 1/1/47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a

10368

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County Prince George's  
 City or town Prince George's  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 3 yrs.  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Prince George's  
 City or town Prince George's  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Thomas E. Guffeth

## 3. (b) Social Security Number

4. Sex M. 5. Color or race W. 6.(a) Single, married, widowed, or divorced Married6.(b) Name of husband or wife Mary F. Bennett7. Birth date of deceased (mo., day, yr.) March 19, 1873 6.(c) If alive, give age 69 years8. AGE: Years 74 Months 7 Days 22 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Dorchester County, MD  
(Town, county, and state)10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

12. Name Thomas Francis Guffeth13. Birthplace MD14. Maiden name Euphemia Hild15. Birthplace MD16. Informant J.E. Keenick GuffethAddress Prince George's17. Buried Date thereof Dec 27, 1947  
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory St. Mary'sLocation Prince George's18. Funeral director John GuffethAddress Prince George's19. 11/24 19 47 N.H. Newman  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 21, 1947 at 7:45 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_, to \_\_\_\_\_ 19 \_\_\_\_\_

and that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_

Immediate cause of death \_\_\_\_\_

Coronary occlusion Ischemic

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Louis J. White, MD Dep Med Ex  
M. D. or other \_\_\_\_\_Address Prince George's Date signed 11-22-47

RECEIVED

NOV 28 1947

ST. PAUL

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

10369

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County Salisbury Co.City or town Easton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 days

Hospital, institution, or street address where death occurred:

Memorial HospitalHow long in hospital or institution? 5 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County SalisburyCity or town Essex

(If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_

(If rural, give LOCATION)

2(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

John Hance

## 3. (b) Social Security Number

4. Sex M5. Color or race B

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) Unknown8. AGE: Years 70 Months \_\_\_\_\_ Days \_\_\_\_\_

If less than one day

\_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Unk.

(Town, county, and state)

10. Usual occupation Unk.

11. Industry or business \_\_\_\_\_

12. Name Unk.13. Birthplace "14. Maiden name "15. Birthplace "16. Informant Memorial HospitalAddress Easton, Md.17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 11/18/47

(month) (day) (year)

Cemetery or crematory WilliamsvilleLocation Williamsville Rd18. Funeral director Leon W. KertonAddress 314 South Perry Mts. Hwy.19. 11/17

(Date rec'd by registrar)

19. 47Registrar N.H. Neer

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 16 19 47, at 11:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

November 10 19 47, to Nov 16 19 47and that I last saw him alive on November 16 19 47

Immediate cause of death \_\_\_\_\_

DURATION

Bronchopneumonia5 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Hypertension

(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE W.F. Buell M.D.

M. D. or other

Address Easton MdDate signed 11-18-47

RECEIVED

DEC 5 1947

BUREAU



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH  
2411 N. Charles St., Baltimore 167  
CERTIFICATE OF DEATH

10370

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County Frederick  
City or town Easton  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 9 days  
Hospital, institution, or street address where death occurred:  
Memorial Hospital  
How long in hospital or institution? 9 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Dorchester  
City or town Williamsburg - Rural  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. Williamsburg - Elwood Road  
(If rural give LOCATION)  
2.(a) If veteran, name war ✓

## 3. (a) FULL NAME

Leroy Jones

## 3. (b) Social Security Number

231-09-1903

## 4. Sex

Male

## 5. Color or race

Colored

## 6. (a) Single, married, widowed, or divorced

Married

## 6. (b) Name of husband or wife

Louise Jones6. (c) If alive, give age 35 years

## 7. Birth date of

deceased (mo., day, yr.)

April 28, 1906

## 8. AGE:

Years 41Months 6Days 6

If less than one day

.....hrs. ....min.

## 9. Birthplace

Norfolk, Virginia  
(Town, county and state)

## 10. Usual occupation

Day laborer

## 11. Industry or business

Farm

## FATHER

## 12. Name

Foster Jones

## 13. Birthplace

Virginia

## MOTHER

## 14. Maiden name

Wanda Wheatley

## 15. Birthplace

Virginia

## 16. Informant

Mrs. Louise Jones

## Address

Williamsburg, Maryland, R.F.D.

## 17. Burial

(Burial, cremation, or removal, Which?)

Date thereof November 6, 1947  
(month) (day) (year)

## Cemetery or crematory

Federal Hill Cemetery

## Location

Federal Hill, Maryland

## 18. Funeral director

J. J. Hampton & Son

## Address

Federal Hill, Maryland

## 19. 11/4

(Date rec'd by registrar)

19. 47

N.B. Neer  
Registrar

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

November - 4, 1947, at 3-5 A.M.

## 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

X X 19..... to X X 19.....and that I last saw him X alive on X X 19.....

## Immediate cause of death

Peritonitis

## DURATION

9 days

## Due to

Stab. wound in upper

## Due to

right abdomen

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op. ....

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Homicide Date of Oct 26/47Where did injury occur? Williamsburg - Dor. - Md.  
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) County roadMeans of injury knife Injured at work? No23. SIGNATURE Dr. H. Shriver, Dep. Med. Exam.  
M. D. or otherAddress Cambridge, Md. Date signed Nov. 4/47

RECEIVED

NOV 10 1947

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

10371

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County TalbotCity or town Easton, Maryland  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 48 hrs.

Hospital, institution, or street address where death occurred:

Memorial Hospital

How long in hospital or institution?

## 3. (a) FULL NAME

Mrs. Estelle Keating

4. Sex

F

5. Color or race

white

6. (a) Single, married, widowed, or divorced

married widowed

6. (b) Name of husband or wife

James P. Keating

7. Birth date of deceased (mo., day, yr.)

July 11 - 1879

B. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

6843

hrs.

min.

9. Birthplace

Cardona Talbot Co. Md.  
(Town, county, and state)

10. Usual occupation

Managerial Room Dir.

11. Industry or business

FATHER

12. Name

Charles Henry Rose

MOTHER

13. Birthplace

Talbot Co. Md.

14. Maiden name

Julia Emily Ridgway

15. Birthplace

Talbot Co. Md.

16. Informant

Mrs. A. R. Shepperson

Address

Easton, Maryland

17.

(Burial, cremation, or removal. Which?)

Date thereof

11/16/47  
(month) (day) (year)

Cemetery or crematory

Chestnut Creek

Location

Centerville Maryland

18. Funeral director

Barton Bros

Address

Centerville, Maryland

19.

(Date rec'd by registrar)

19

47N.H. Neuma

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Queen Anne Co.

City or town

Centerville

MD

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

none

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Nov. 1419 47 at 6 <sup>05</sup> A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

11 - 1219 47

to

14 Nov. 47and that I last saw him alive on 14 Nov. 47

Immediate cause of death

Cerebral Contusion

DURATION

2 days

Due to

Fall down steps

Due to

at her home

Other conditions

Fract. SkullFract. Left Leg  
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

AccidentDate of 11-12-47

Where did injury occur?

Centerville Queen Anne Co. Md.

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Home

Means of injury

Fall down steps Injured at work?

23. SIGNATURE

H. F. Kimmitt

M. D. or other

Address

Easton, Md.Date signed 1 Dec 47

RECEIVED  
DEC 4 1947  
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

92d

10372

## CERTIFICATE OF DEATH

Reg. Dist. No. 292

## 1. PLACE OF DEATH:

County Talbot  
 City or town Trappe (Rural)  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 5 years  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD. County Talbot  
 City or town Trappe (Rural)  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Charles Denny Marshall

## 3. (b) Social Security Number

None

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male white married6. (b) Name of husband or wife Miller J. Marshall7. Birth date of deceased (mo., day, yr.) Jan 11, 18748. AGE: Years Months Days If less than one day  
73 10 8 \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Royal Oak Md.  
(Town, county, and state)10. Usual occupation carpenter

11. Industry or business \_\_\_\_\_

12. Name James R. Marshall13. Birthplace Talbot Co. Md.14. Maiden name Elizabeth Jane Kilman15. Birthplace Talbot Co. Md.16. Informant Mrs. Chas. SheridanAddress Trappe, Md. RD17. Burial Date thereof Nov. 21, 1947  
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory St. Michael'sLocation St. Michael's Md18. Funeral director Maurice E. NewmanAddress Easton Md.19. Nov 20 - 1947 Joseph Adams  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 19 1947 at \_\_\_\_\_CERTIFICATE that death occurred on the 16th above stated; that I attended deceased from Nov. 16 1947 to Nov. 16 1947and that I last saw him alive on Nov. 16th 1947Immediate cause of death decompensating heart disease (vascular) DURATION 6 mo.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

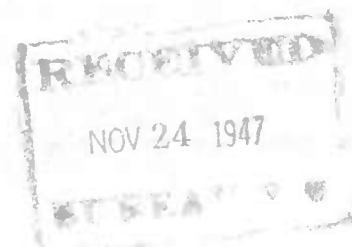
Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Thelma S. Supina M. D. or other \_\_\_\_\_Address Easton Md. Date signed 11/20/47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County Talbot  
 City or town Easton Md  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 10 hrs  
 Hospital, institution, or street address where death occurred:  
Memorial Hospital  
 How long in hospital or institution? 10 hrs

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County Talbot  
 City or town Wittman  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Toy, Richard Marshall

## 3. (b) Social Security Number

4. Sex male 5. Color or race white 6.(a) Single, married, widowed, or divorced single  
 6.(b) Name of husband or wife \_\_\_\_\_  
 7. Birth date of deceased (mo., day, yr.) November 13, 1947 6.(c) If alive, give age \_\_\_\_\_ years  
 8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day 10 hrs. 10 min.

9. Birthplace Memorial Hospital Easton Md  
(Town, county and state)10. Usual occupation Child

## 11. Industry or business

FATHER 12. Name Mrs Julian Marshall  
 13. Birthplace md  
 MOTHER 14. Maiden name Ruth Mae Harrison  
 15. Birthplace Talbot County

16. Informant Memorial Hospital  
 Address Easton

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof Nov 14, 1947  
 (month) (day) (year)  
 Cemetery or crematory St. Michaels Md  
 Location Newnam & Harrison

18. Funeral director Dr. Michaels. Md  
 Address \_\_\_\_\_

19. 11/14 47 N.H. Neimer  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 11-13 1947, at 9-10 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11/13/1947 to 11/13/1947  
 and that I last saw him alive on 11/13/1947

Immediate cause of death \_\_\_\_\_

## DURATION

Prematurity

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Dr. Michaels M. D. or otherAddress Easton Md Date signed \_\_\_\_\_

UNITED STATES DEPARTMENT OF JUSTICE

OFFICE OF THE ATTORNEY GENERAL

WASHINGTON, D. C. 20530

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

10374

159

Reg. Dist. No. 290

1. PLACE OF DEATH  
County Talbot  
City or town Easton Md  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 5 min  
Hospital, institution, or street address where death occurred  
Memorial Hospital Easton Md  
How long in hospital or institution? 5 min

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State Maryland County Talbot  
City or town St. Michaels  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. \_\_\_\_\_  
(if rural, give LOCATION)  
2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Palmer Baby Boy

## 3. (b) Social Security Number

4. Sex Male 5. Color or race Col 6. (a) Single, married, widowed, or divorced single  
6.(b) Name of husband or wife \_\_\_\_\_  
6.(c) If alive, give age \_\_\_\_\_ years  
7. Birth date of deceased (mo., day, yr.) 11-24-47

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hrs. 5 min.

9. Birthplace Talbot County, Easton Md  
(Town, county, and state)

10. Usual occupation None

## 11. Industry or business

12. Name Martin Palmer  
13. Birthplace Brown Md

14. Maiden name Annelle King  
15. Birthplace Easton Md

16. Informant Martin Palmer  
Address St Michaels Md

17. Cremation Date thereof 11/25/47  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory Memorial Hospital  
Location Easton Md

18. Funeral director Memorial Hospital  
Address Easton Md

19. 11/25 19 47 T. H. Pearson  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 11-24- 19 47, at 9:00 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11/24/ 19 47, to 11/24/ 19 47  
and that I last saw him alive on 11/24/ 19 47

Immediate cause of death \_\_\_\_\_

## DURATION

Prematurity (5 mo approx)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

\_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

\_\_\_\_\_

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

23. SIGNATURE PS Cox M.D. M. D. or other

Address Easton Md Date signed 12/5/47

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а.с.м. 11-14.47

**MARYLAND STATE DEPARTMENT OF HEALTH**

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. .... 270

10375 290

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
(For newborn infants give residence of mother)			
County <u>Salisbury</u>	City or town <u>Frederick</u>	State <u>Maryland</u>	County <u>Salisbury</u>
(If outside city or town limits, write RURAL and give nearest town)		(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? <u>4 hours</u>		Street No. _____	
Hospital, institution, or street address where death occurred:		(If rural, give LOCATION)	
<u>Frederick Memorial Hospital</u>		2.(a) If veteran, name war _____	
How long in hospital or institution? <u>4 hours</u>		3. (a) FULL NAME	
<u>James Scott</u>		3. (b) Social Security Number	
4. Sex <u>male</u>		5. Color or race <u>B</u>	
6. (a) Single, married, widowed, or divorced <u>single</u>		6. (b) Name of husband or wife _____	
7. Birth date of deceased (mo., day, yr.) <u>January 6, 1947</u>		6. (c) If alive, give age _____ years	
8. AGE: Years _____ Months <u>10 months</u> Days _____ If less than one day _____ hrs. _____ min. _____		8. Birthplace <u>Frederick, Md.</u>	
(Town, county, and state)		10. Usual occupation _____	
11. Industry or business _____		11. Industry or business _____	
12. Name <u>James Scott</u>		12. Name <u>James Scott</u>	
13. Birthplace <u>Frederick, Md.</u>		13. Birthplace <u>Frederick, Md.</u>	
14. Maiden name <u>Mary Scott</u>		14. Maiden name <u>Mary Scott</u>	
15. Birthplace <u>Frederick, Md.</u>		15. Birthplace <u>Frederick, Md.</u>	
16. Informant <u>Memorial Hospital</u>		16. Informant <u>Memorial Hospital</u>	
Address <u>Frederick</u>		Address <u>Frederick</u>	
17. (Burial, cremation, or removal. Which?) <u>Burial</u>		Date thereof <u>11/18/47</u>	
(month) (day) (year)		(month) (day) (year)	
Cemetery or crematory <u>Frederick</u>		Cemetery or crematory <u>Frederick</u>	
Location <u>Frederick</u>		Location <u>Frederick</u>	
18. Funeral director <u>Louis H. Bayne</u>		18. Funeral director <u>Louis H. Bayne</u>	
Address <u>Frederick</u>		Address <u>Frederick</u>	
19. (Date rec'd by registrar) <u>11/16/47</u>		19. (Date rec'd by registrar) <u>11/16/47</u>	
Registrar <u>N.H. Meyer</u>		Registrar <u>N.H. Meyer</u>	
20. DATE OF DEATH <u>Nov. 15</u>		20. DATE OF DEATH <u>Nov. 15</u>	
19 <u>47</u> , at <u>1:00</u> p.m.		19 <u>47</u> , at <u>1:00</u> p.m.	
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>11-13</u>		21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>11-13</u>	
and that I last saw him alive on <u>11-14</u>		and that I last saw him alive on <u>11-14</u>	
Immediate cause of death <u>Infection - Diarrhea</u>		Immediate cause of death <u>Infection - Diarrhea</u>	
Due to _____		Due to _____	
Due to _____		Due to _____	
Other conditions _____		Other conditions _____	
(include pregnancy within 3 months of death)		(include pregnancy within 3 months of death)	
Major findings of operations _____		Major findings of operations _____	
Date of op. _____		Date of op. _____	
Autopsy results _____		Autopsy results _____	
PHYSICIAN: Please underline the cause to which death should be charged statistically.		PHYSICIAN: Please underline the cause to which death should be charged statistically.	
22. VIOLENCE: If death was due to external causes, fill in the following:		22. VIOLENCE: If death was due to external causes, fill in the following:	
Accident, suicide, or homicide _____		Accident, suicide, or homicide _____	
Where did injury occur? _____		Where did injury occur? _____	
(City or town) (County) (State)		(City or town) (County) (State)	
Injured at home, farm, industry, public place (where?) _____		Injured at home, farm, industry, public place (where?) _____	
Means of injury _____		Means of injury _____	
Injured at work? _____		Injured at work? _____	
23. SIGNATURE <u>W.H. Bayne</u>		23. SIGNATURE <u>W.H. Bayne</u>	
Address <u>Frederick</u>		Address <u>Frederick</u>	
Date signed <u>11-15-47</u>		Date signed <u>11-15-47</u>	

UNITED STATES DEPARTMENT OF JUSTICE

STANDARD FORM NO. 64

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

10376

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County Talbot  
 City or town Easton, Md.  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death seventeen days  
 Hospital, institution, or street address where death occurred:  
Memorial Hospital  
 How long in hospital or institution? seventeen days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot Co  
 City or town Easton, Md.  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Harrison, St.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Mr Joseph Francis  
Shane

## 3. (b) Social Security Number

218-12-1808

4. Sex male 5. Color or race white 6. (d) Single, married, widowed, or divorced W.

6. (b) Name of husband or wife Josephine Shane

7. Birth date of deceased (mo., day, yr.) November 9, 1869 B. (c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 78 Months 0 Days 17 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Baltimore, Md.  
 (Town, county, and state)

10. Usual occupation none

11. Industry or business Retired cobbler

12. Name John C. Shane

13. Birthplace Baltimore, Md.

14. Maiden name Catherine Murphy

15. Birthplace Baltimore, Md.

18. Informant Self

Address \_\_\_\_\_

17. (Burial, cremation, or removal. Which?) Burial Date thereof 11/28/47  
 (month) (day) (year)

Cemetery or crematory Spring Hill

Location Easton, Md.

18. Funeral director William C. McManus

Address Baltimore, Md.

19. 11/27 47 N. S. Neenan  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 26 1947 at 8:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1-1 1947 to 11-26 1947

and that I last saw him alive on 11-26 1947

Immediate cause of death \_\_\_\_\_ DURATION \_\_\_\_\_

Coronary thrombosis acute

Due to General arteriosclerosis years

Due to \_\_\_\_\_

Other conditions Secondary Anemia months

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Antopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE W. F. Buell, M.D. M. D. or other \_\_\_\_\_

Address Easton, Md. Date signed 11-27-47

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

10377

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County Calvert County  
 City or town Easton, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 22 hrs.  
 Hospital, institution, or street address where death occurred:  
Easton Memorial Hospital  
 How long in hospital or institution? 22 hrs.

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State England County Queen Anne's  
 City or town Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Mrs. Lucie Thawley

## 3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed  
 6.(b) Name of husband or wife Carroll Thawley  
 7. Birth date of deceased (mo., day, yr.) Dec 26, 1881 6.(c) If alive, give age \_\_\_\_\_ years  
 8. AGE: Years 66 Months 10 Days 19 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Henderson, Ind.  
 (Town, county, and state)  
 10. Usual occupation X R.W.

## 11. Industry or business

12. Name Isaac Gruethel  
 13. Birthplace Del.  
 14. Maiden name Martha Burt  
 15. Birthplace Del.

16. Informant Memorial Hospital  
 Address Easton, Md.

17. Burial Burial Date thereof 11/18/47  
 (Burial, cremation, or removal. Which?) \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ year  
 Cemetery or crematorium Greensboro  
 Location Greensboro, Md.

18. Funeral director R. B. Rawlings  
 Address Greensboro, Md.

19. 11/16 47 N. S. Neer  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 15 - 1947 at 2:40 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11/14/1947 to 11/15/1947  
 and that I last saw him alive on 11/15/1947

Immediate cause of death \_\_\_\_\_ DURATION \_\_\_\_\_

Coronary Thrombosis 1 week  
 Due to \_\_\_\_\_

Arteriosclerotic Heart Disease 2 yrs  
 Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

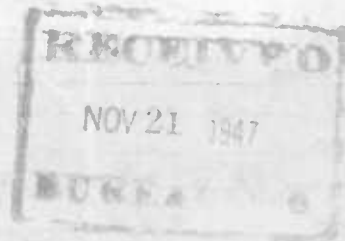
Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE 13 Cox M. D. or other \_\_\_\_\_Address Easton, Md. Date signed \_\_\_\_\_

UNITED STATES DEPARTMENT OF JUSTICE

OFFICE OF THE ATTORNEY GENERAL





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

93d 10378

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County TalbotCity or town Easton  
(If outside city or town limits, write RURAL and give nearest town)

How long above place of death?

Hospital, institution, or street address where death occurred:

Carle Ave.

How long in hospital or institution?

## 3. (a) FULL NAME

Ida May Williams

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

William J. Williams

7. Birth date of deceased (mo., day, yr.)

Sept. 25, 18726. (c) If alive, give age 76 years

8. AGE:

Years 75 Months 1 Days 17 hrs. min.

9. Birthplace

Talbot Co. Md.  
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

At home

12. Name

Thomas M. Covey

13. Birthplace

Maryland

14. Maiden name

May Roberts

15. Birthplace

Maryland

16. Informant

Mr. James A. Spence (Sister)

Address

Easton, Md.

17. Burial

(Burial, cremation, or removal Which?)

Date thereof Nov. 15, 1947  
(month) (day) (year)

Cemetery or crematorium

Spring Hill

Location

Easton, Md.

18. Funeral director

B. Ellis Clark

Address

Easton, Md.

19.

(Date rec'd by registrar)

11/15 47 N. H. Neeress  
Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Talbot

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

Carle Ave.  
(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Nov 12 1947 at P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Apr 1946 to 12 Nov 1947and that I last saw him alive on 12 Nov 47 1947

Immediate cause of death

Coronary failure

Due to

Coronary atherosclerosis

Due to

Coronary atherosclerosis

Other conditions

Hypertension Cardio-  
vascular disease

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Arthur H. Harrison M.D.

Address

Carle Maryland Date signed 15 Nov 47

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

170C

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County... Talbot  
 City or town... Near Skipton  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Talbot  
 City or town... Wye Mills  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_  
 (If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Thomas Wilmer

## 3. (b) Social Security Number

## 4. Sex

Male

## 5. Color or race

Col.

## 6. (a) Single, married, widowed, or divorced

Single

## 6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) March 22 - 1882  
 6. (c) If alive, give age \_\_\_\_\_ years

## 8. AGE:

65 Years8 Months0 Days

If less than one day

hrs. min.

9. Birthplace... Queen Anne's, Md.  
 (Town, county, and state)

10. Usual occupation... Farmer

## 11. Industry or business

## FATHER

12. Name Thomas Wilmer13. Birthplace Maryland

## MOTHER

14. Maiden name Angie Johnson15. Birthplace Maryland16. Informant Wilson WilmerAddress Cardova Md.

17. Burial Date thereof 11/25/47  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory: NewtownLocation Near Cardova Md.18. Funeral director R. B. RawlingsAddress Greensboro Md.

19. Nov. 24 1947 L. McPinn  
 (Date rec'd by registrar) (Registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH... 11-22-47 at C6 45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

\_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
 and that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_

Immediate cause of death

Compd. fracture skull  
Due to motor car  
not accident

## DURATION

Instant

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 11-22-47

Where did injury occur? m. Wye Mills Tal. Md.  
 (City or town) (County) (State)

Injured at home, farm, industry, pub'c place (where?) hi-wayMeans of injury auto accident Injured at work? No

23. SIGNATURE Louis J. Neely MD. D. J. Miller  
 (City or town) (County) (State)

Address Wye Mills Date signed 11-22-47

